



MISSISSIPPI BAND OF CHOCTAW INDIANS

Employment Assistance Program

P.O. Box 6010 Choctaw Branch

Choctaw, MS 39350

601-650-1749

Thank you for your inquiry with the Employment Assistance Program in requesting assistance to attend Workforce Development Courses in the vocational and technical field. The program staff commends you for setting educational goals that will provide skills in upgrading or obtaining employment. In order for the program to assist you in your education goals, it is important that you return your application and the listed items below, before the start of the Workforce Development course.

Please submit a copy of the following information:

- Official High School Transcript or GED scores**
- MBCI Certified Degree of Indian Blood (CDIB)**
- Drivers License or a Picture ID.**
- Social Security Card**
- Information and Cost of the class you are interested in attending**

APPLICATION FOR ADMISSION

Please Print

Please answer all questions & submit all required documents before the starting date of each Workforce Development Course. An incomplete application will delay the processing of your application.

Application Date: _____ Social Security No: _____ Telephone No: _____

Last Name _____ First _____ Middle _____ Maiden _____

Address _____ City _____ State _____ Zip Code _____ Community _____

Female ___ Male ___ Date of Birth ___/___/___ Age ___ Are you a member of the MBCI ___ CDIB #: _____

Single ___ Married ___ Widow ___ Divorced ___ Separated ___ Number of Dependents ___ Children in school ___

Please List each member of household

In most Workforce Development Courses a GED or High School Diploma is not required but preferred.

Emergency Contact Person _____ Telephone Number _____ Other Contact Information _____ Telephone Number _____

Do you have a high school diploma or GED? Yes ___ No ___
If no, please estimate date of completion of High School or GED: _____

Have you ever been convicted of a felony? Yes ___ No ___
If yes, please explain: _____

Do you have any physical limitations that would interfere with attending Workforce development classes? Yes ___ No ___
If yes, please explain: _____

Have you attended a Workforce development class before? Yes ___ No ___
If yes, did you complete the class taken? Yes ___ No ___
If yes, please list the class/classes taken and date taken: _____

Please list the type of Workforce development class/classes you would be interested in:

Please explain how will the Workforce development class/classes will benefit your employment skill:

Education

	Elementary	High School	College /Vocational Education
School Name			
Location (City & State)			
Years Completed (Circle)	1 2 3 4 5 6 7 8	9 10 11 12	13 14 15 16
Received Diploma If Yes Circle	/ / / / / / / / / /	Yes No Date Date Received: Received:	Yes No Date Date Received: Received:

Work Experience

Employer Name & Address _____ Job Position: _____ Duties: _____ Date Employed _____ to _____ Reason for Leaving: _____
Employer Name & Address _____ Job Position: _____ Duties: _____ Date Employed _____ to _____ Reason for Leaving: _____
Employer Name & Address _____ Job Position: _____ Duties: _____ Date Employed _____ to _____ Reason for Leaving: _____

TO BE READ AND INITIALED BY APPLICANT:

I hereby apply to attend the school indicated on this application and agree to follow all rules and regulations and attendance requirements of the school and to the best of my ability will satisfactorily complete the required course which I have selected in the Workforce Development Program.

I authorize the school to release grades, attendance reports, and income verification information to the Employment Assistance Program personnel. _____
(initial after reading)

PRIVACY ACT AND PAPERWORK REDUCATION ACT STATEMENT:

1. The authority for solicitation of the information on this form is 25 U.S.C. 13 (42 Stat. 208) and P.L. 84-959 (70 Stat. 986) as amended by P.L. 88-230 (77 stat. 471, 25 U.S.C. 309).
2. Disclosure of the requested information by the applicant is voluntary, but required to obtain benefit.
3. The purpose of this information collection is to determine your eligibility for services.
4. The routine use of this information is by the Employment Assistance Program employee's to evaluate your request and to assist you before and during your training.. After completion of training, or if this application is for Direct Employment, parts or all of the information in your application will be provided to employers who are considering you for employment. The application will be used in a routine manner by counselors working with you who need background information and by those people involved in financial control who need budgeting information contained in the application..
5. Failure to provide requested information may result in a delay or denial in receiving training or job placement assistance you are seeking.

I have read the above statement. I hereby provide the required information and authorize the use of such information to the extent of the uses specified in the statement.

Applicant's Signature

Date